

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**EXPRESS ABANDONMENT  
UNDER 37 C.F.R. §1.138**

ATTORNEY DOCKET NO. <b>70088.0024USU1</b>	
U.S. APPLICATION SERIAL NO. <b>10/771,395</b>	CONFIRMATION NO. <b>4148</b>
FILING DATE <b>February 5, 2004</b>	

INVENTOR(S) <b>Dominique BERGERON et al.</b>	EXAMINER (If known) <b>V. L. Ford</b>	ART UNIT (If known) <b>1645</b>
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TITLE OF APPLICATION

**INHIBITORS OF STAPHYLOCOCCUS AUREUS PRIMARY SIGMA FACTOR AND  
USES THEREOF**

Mail Stop Express Abandonment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please **check only one** of boxes 1 or 2 below:

(If no box is checked, this paper will be treated as a request for express abandonment as if box 1 is checked.)

1.  **Express Abandonment**

I request that the above-identified application be expressly abandoned as of the filing date of this paper.

2.  **Express Abandonment in Favor of a Continuing Application**

I request that the above-identified application be expressly abandoned as of the filing date accorded the continuing application filed previously or herewith.

NOTE: A paper requesting express abandonment of an application is not effective unless and until an appropriate USPTO official recognizes and acts on the paper. See the Manual of Patent Examining Procedure (MPEP), section 711.01.

**TO AVOID PUBLICATION, USE FORM PTO/SB/24A INSTEAD OF THIS FORM.**

**TO REQUEST A REFUND OF SEARCH FEE AND EXCESS CLAIMS FEE (IF ELIGIBLE),  
USE FORM PTO/SB/24B INSTEAD OF THIS FORM.**

I am the:  applicant.

assignee of record of the entire interest. See 37 C.F.R. §3.71.  
Statement under 37 C.F.R. §3.73(b) is enclosed (Form PTO/SB/96)

Attorney or agent of record. Attorney or agent registration number is 44,765.

Attorney or agent acting under 37 C.F.R. §1.34, who is authorized under 37 C.F.R. §1.138(b) because the application is expressly abandoned in favor of a continuing application (box 2 above must be checked). Attorney or agent registration number is \_\_\_\_\_.

/Drew Hissong, Reg. No. 44,765/

SIGNATURE

June 16, 2008

DATE

Drew Hissong

TYPED OR PRINTED NAME

202-326-0350

TELEPHONE NUMBER

Note: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.